

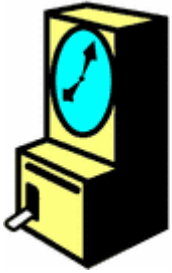
Consumer Work Assessment Profile

Consumer Name:_____

Date of Assessment:_____

Work Considerations

When Do You Want To Work?



OR



_____ Yes/No _____ Yes/No _____

How Many Hours Would You Like To Work?



Circle your choice:(2, 4, 6, or 8 hours) More hours means more money.

Mode of Transportation To/From Work?



Public Transportation



Care Provider/Transportation Company



Parents/Relatives/Self



Taxi

Circle the Type of Job You Would Like



Auto Mechanic Aid



Animal Care Aid



Bakery Aid



Carpet Installer Aid



Cashier



Clothing Sorter



Clothing Tagger



Data Entry Clerk



Dinning Room Attendant



Food Service Worker

Circle the Type of Job You Would Like



Floral Aid



Grocery Bagger



Hostess



Janitorial



Kitchen Helper



Landscaping & Gardening



Mail Room Clerk



Office Assistant



Parking Lot Attendant



Porter



Recycling Aid



Transportation Aid (Hospital)



Warehouseman